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Memorandum

TO: Non-Acute Care Hospitals
Public Health Hospitals

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Caring for Non-Acute Care Hospital Patients during the COVID-19 Emergency

DATE: May 22, 2020

The Massachusetts Department of Public Health (DPH) recognizes that providing care for individuals seeking treatment for Coronavirus Disease 2019 (COVID-19) may prove to be especially challenging for health care practitioners and facilities. As part of ongoing statewide preparations and to address the increase in COVID-19 cases, DPH is issuing this memorandum to non-acute hospital with recommendations for admitting patients and caring for patients with presumed or confirmed COVID-19 to help mitigate the spread of COVID-19.

All non-acute hospitals must be prepared to care for COVID-19 positive patients. Patients infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require transfer to an acute care hospital. All facilities are expected to follow the infection prevention and control practices recommended by DPH and CDC.

Screening of All Individuals

Non-acute care hospitals should be screening all individuals entering the facility, including staff, for symptoms at the beginning of their shift. Every individual, regardless of reason for entering a non-acute care hospital, should be screened for COVID-19 symptoms. An exception to this is Emergency Medical Service (EMS) personnel responding to an urgent medical need.

Use of Personal Protective Equipment (PPE)

Non-acute care hospital facilities should ensure all staff are using appropriate PPE when they are interacting with patients, to the extent PPE is available and in alignment with DPH and CDC guidance on conservation of PPE. For the duration of the declared state of emergency, all non-acute care hospital personnel should wear a facemask while they are in the facility.

Full PPE, including N95 respirator or alternative, eye protection, gloves and gown, should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If any patients are infected as a result of COVID-19 transmission in the facility, healthcare personnel should wear full PPE for the care of all patients irrespective of COVID-19 diagnosis or symptoms.

When possible, all non-acute care hospital patients, whether they have COVID-19 symptoms or not, should use a face covering when staff are in their room. The use of medical facemasks is restricted to COVID-19-positive or assumed to be COVID-19-positive.

Separation of COVID-19 Positive Patients

Non-acute care hospitals must separate patients who are positive for COVID-19 from patients who do not have COVID-19 or who have an unknown COVID-19 status. Whenever possible, long-term care facilities must establish a separate, dedicated wing or unit within the facility to care for COVID-19 positive patients. COVID-19-positive units must be capable of maintaining strict infection control practices and testing protocols. When possible, facilities must have separate staffing teams for COVID-19-positive and COVID-19-negative patients. When possible, a long-term care facility should establish designated space within the facility to care for patients who tested positive for COVID-19, were placed in the COVID-19 dedicated space for fourteen days and are no longer exhibiting any symptoms of COVID-19. Staff are no longer required to use full PPE when caring for such patients.

Admissions

Whenever possible, hospitalized patients who are confirmed to be infected with COVID-19 and require non-acute hospital level of care should be admitted to a non-acute hospital with a designated COVID-19 isolation wing or unit.

When a non-acute care hospital patient is transferred from a non-acute care hospital to an acute care hospital for evaluation of any condition, including but not limited to, COVID-19 care, each non-acute care hospital must accept the patient's return to the facility when the patient no longer requires acute care hospital services.

Non-acute care hospitals shall not condition admission on COVID-19 testing or test results. Before being discharged to a long-term care facility from a hospital, individuals should be tested for COVID-19 at the hospital, if a test is available. If a test is not performed before hospital

discharge, the non-acute care hospital should test the resident upon admission if a test is available.

Awaiting the test results should not delay an individual's discharge from the acute care hospital to the non-acute care hospital. If the test result is positive the resident should be moved to dedicated COVID-19 space.

Non-acute care hospitals must be willing to accept patients who meet the clinical admission criteria from all acute care hospitals in their region, bed availability permitting.

DPH continues to work with state, federal and local partners on the outbreak of novel COVID-19, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH strongly encourages all non-acute hospitals in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.